Boost Your Front Desk Patient Collections Quickly and Easily

HEALTHCARE
TRAINING
L E A D E R®
Expert Medical Practice Solutions

Presented by:
Tracy Bird FACMPE, CPC, CPMA, CEMC, CPC-I

Inconvenience

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About Your Expert

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Tracy has over 40 years of experience in various specialties in the areas of practice management, billing and coding, including training, communications, and policy and procedure development.

She is an ACMPE Fellow with MGMA, a Certified Professional Coder (CPC), a Certified Professional Medical Auditor (CMPA), a Certified Evaluation and Management Auditor (CEMC) a Certified Professional Medical Coding Curriculum instructor (CPC-I), and an AAPC Fellow. Tracy is co-founder and past president of the NE Kansas Chapter of AAPC, a past president of MGMA-GKC and is currently serving as the Chair of the Certification Commission for National MGMA.

Successful Point of Service Collections

Presented by:

Tracy Bird, FACMPE, CPC, CPMA, CEMC, AAPC Fellow

Medical Practice Advisors, LLC

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How Did We Get Here?

- From 2007 to today:
  - Economic downturn
  - Higher unemployment
  - Regardless of expansion decision, Medicaid has expanded
  - Employers are offering higher deductible, higher co-pay plans to their employees
  - Majority of HIE (Health Insurance Exchange) plans selected are bronze and silver
  - COVID – 2020, 2021

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Did You Know.....?

- Healthcare spending in the U.S. today (2021) has reached $11,172.00 per person.
- In 2007 patient responsibility was 12% of total revenue to a practice and today it is 45%.
- The average deductible in a consumer driven health plan is $3000 for an individual and $6,000 for a family – some as high as $10,000.
- Self-pay has become the third payer behind Medicare and Medicaid.
- 80% of true self-pay responsibility is never recovered.
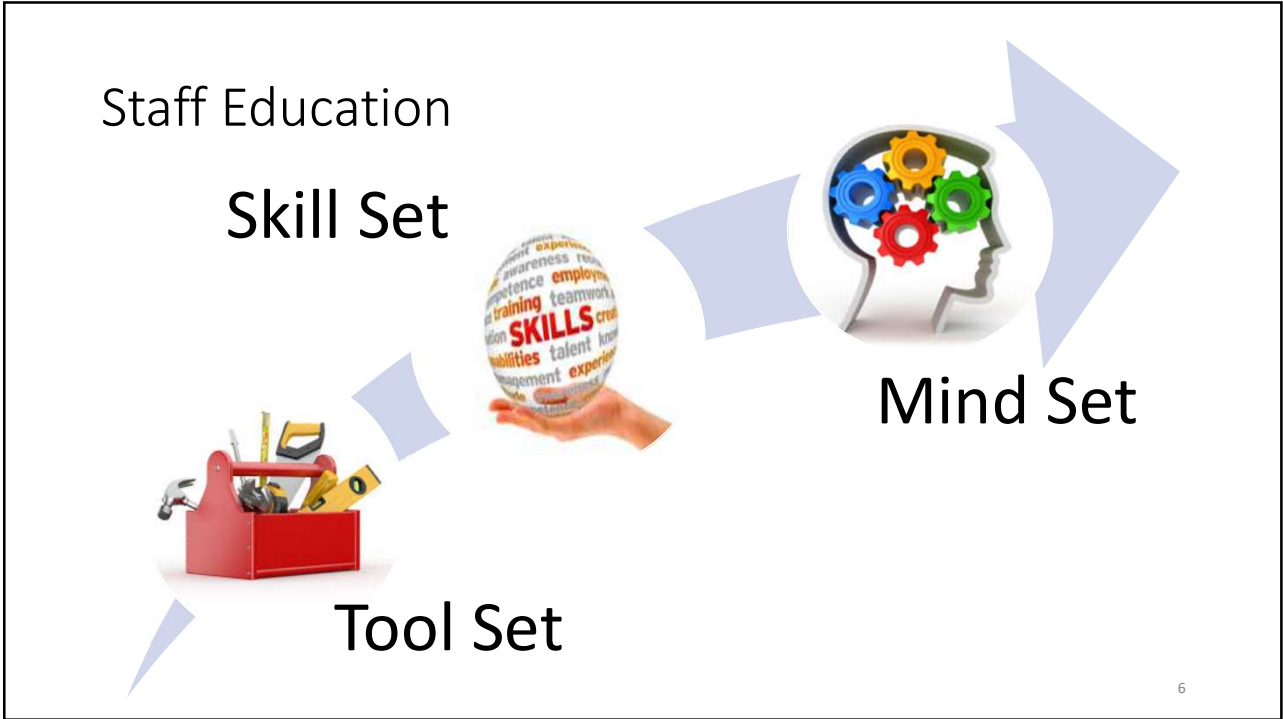- 50% of overall patient responsibility goes uncollected.

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Considerations for success
Objectives for this program

- The skill set required of front office professionals
- Educating patients
- Processes for success
- Use of technology

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The Front Desk Team

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Staff Education

Skill Set

Mind Set

Tool Set

6

6

Required Skill Set

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Understanding Insurance, Billing and Collections
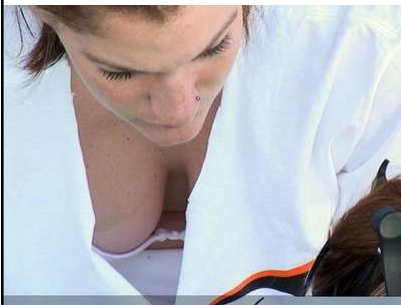
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Professionalism and Service Orientation

• Personal Professional Attributes

◎ Dress, hygiene and appearance

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Communication

Clear communication with patients, co-workers, physicians and other business partners build trust

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Educate Patients

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Educating Patients

- Elements of a comprehensive financial policy
  - Insurance companies you're contracted with
  - Time of service collections
  - Patient financial responsibility
  - Uninsured or non-covered services
  - Referrals
  - Worker's Comp, personal injury & auto
  - Collections
  - Fees to complete forms
  - Statements
  - No-shows
  - Contact information for billing questions

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Educating Patients

- Set expectations for patient payment
- Financial counselor
- Care Credit
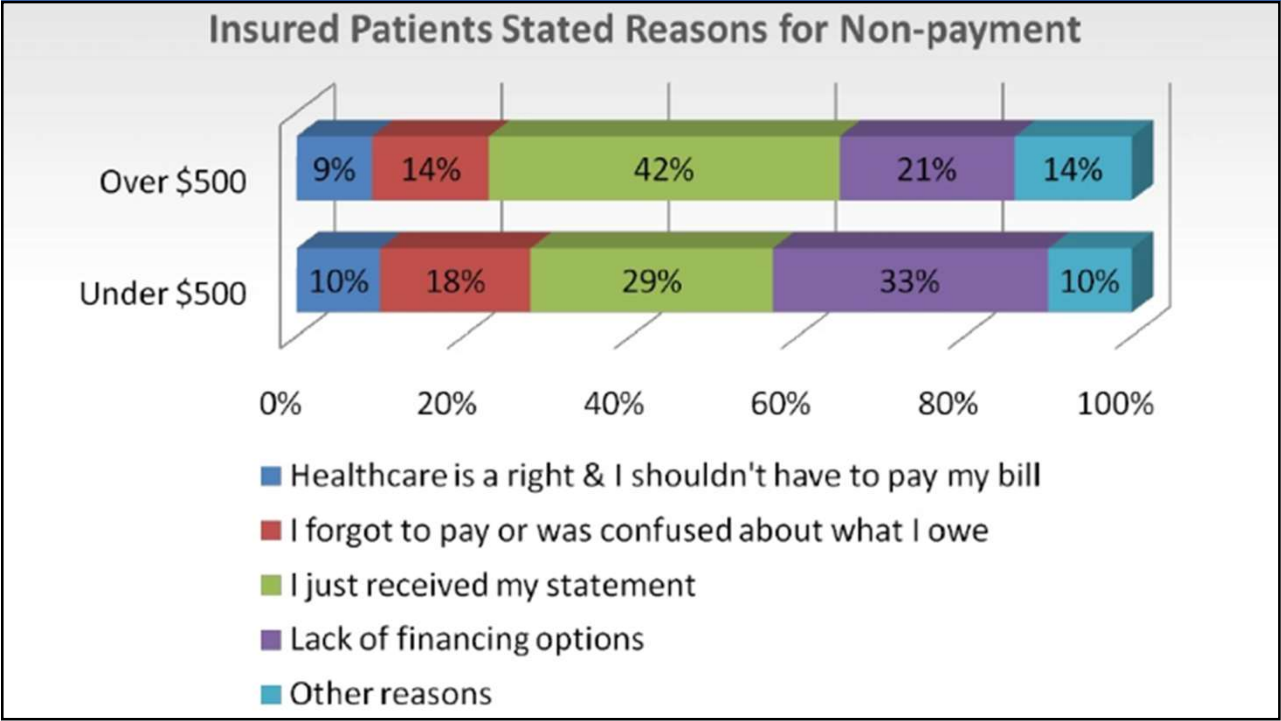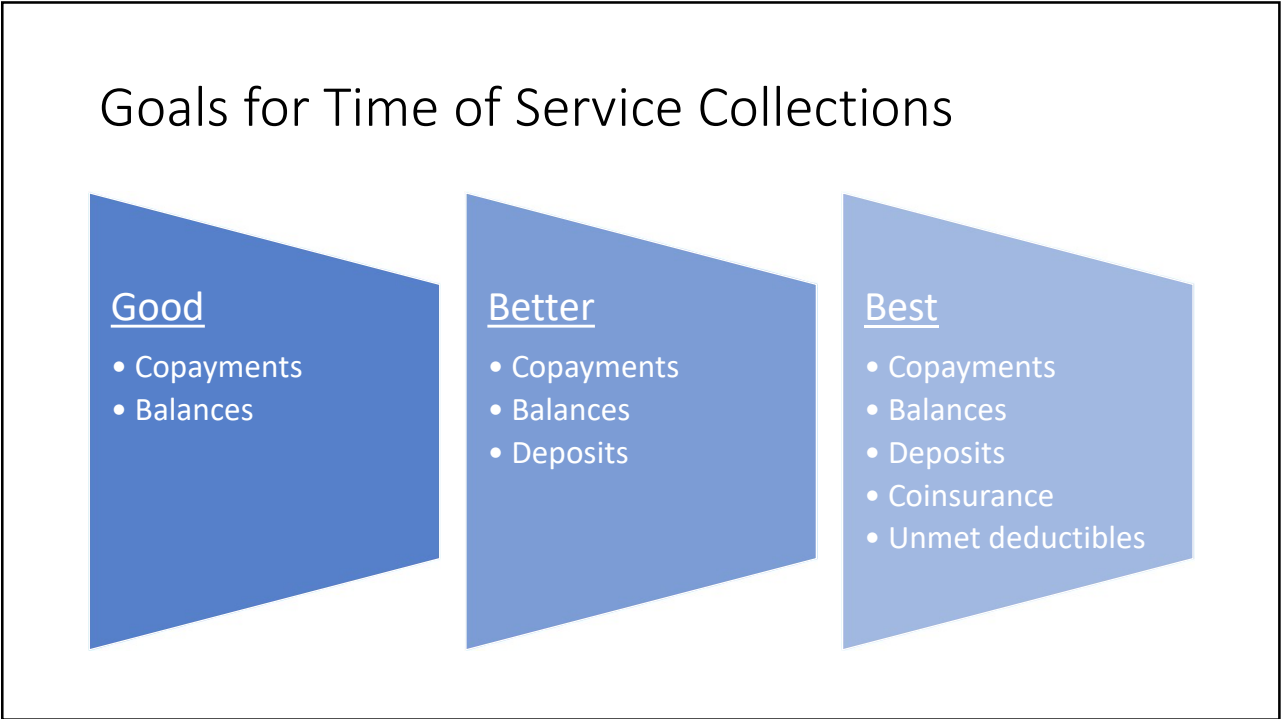- Check in kiosk
- Credit card on file

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Did You Know….?

- 70% of patients want to pay their bill online
- 63% of patients will make payments
- More than half of patients are willing to pay at least some of what they owe at the point of care using a credit card

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Insured Patients Stated Reasons for Non-payment

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Goals for Time of Service Collections

Good
- Copayments
- Balances

Better
- Copayments
- Balances
- Deposits

Best
- Copayments
- Balances
- Deposits
- Coinsurance
- Unmet deductibles

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Four Patient Payer Types

Happy To	**Nudger**
Disrespectful	**Deliberate**

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Credit Worthiness

- Assessing the patient's ability to pay
  - Has the patient paid in the past?
  - Is the patient employed?
  - Is there a valid address and phone number for the patient?

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Asking for Money- Scripts

- Practice and role play difficult conversations.

" **Your balance today is ...**"This straightforward statement makes it difficult for a patient to respond any way but to say how they plan to pay.

When the patient is unprepared to pay for some reason – **"Here is an envelope for you to mail your payment within 3 days"**

" **We accept credit cards, debit cards and checks"**

"**There is a debit machine on the first floor"**

"Your copay is due at the time of service. We are happy to send you a bill for that just one time, but there will be a $25.00 administrative fee to send you a bill for your copay. If you would like to call us with your credit card information before the close of business today you can avoid that fee."

These conversations are easier to have when the policy is presented in black and white. Based on your own financial policy, craft scripts and practice.
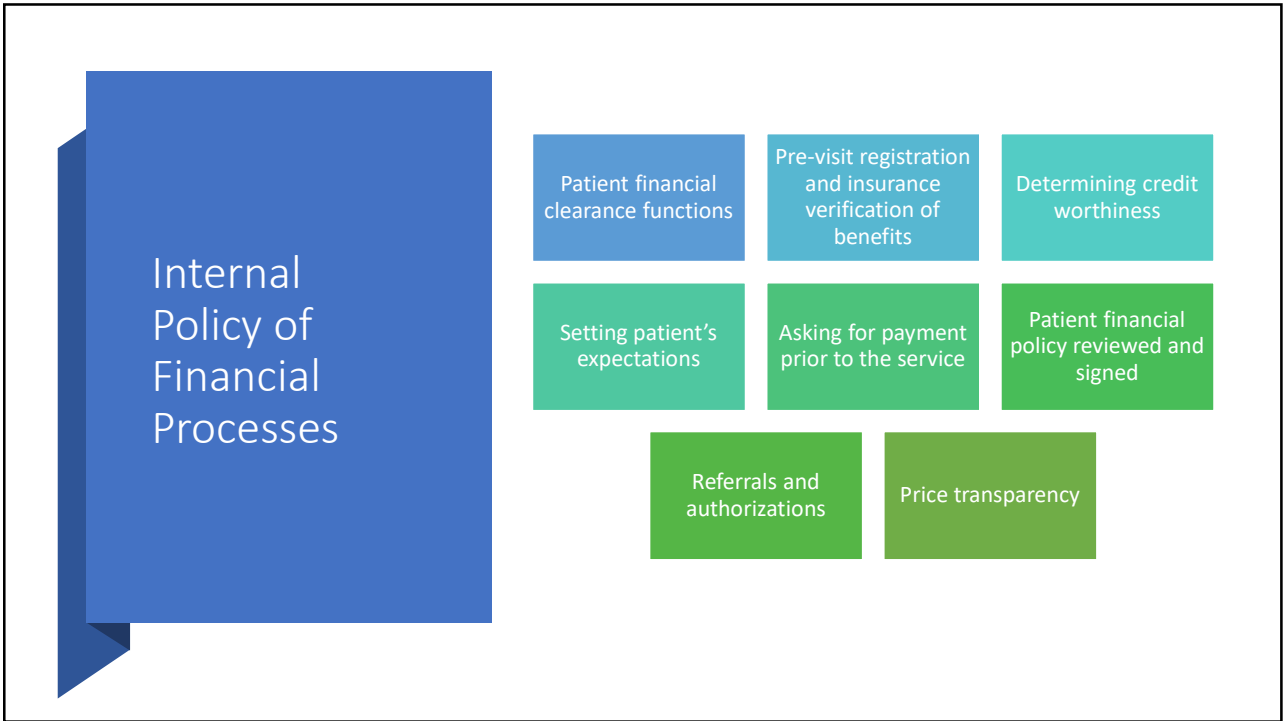
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Asking for Money - Scripts

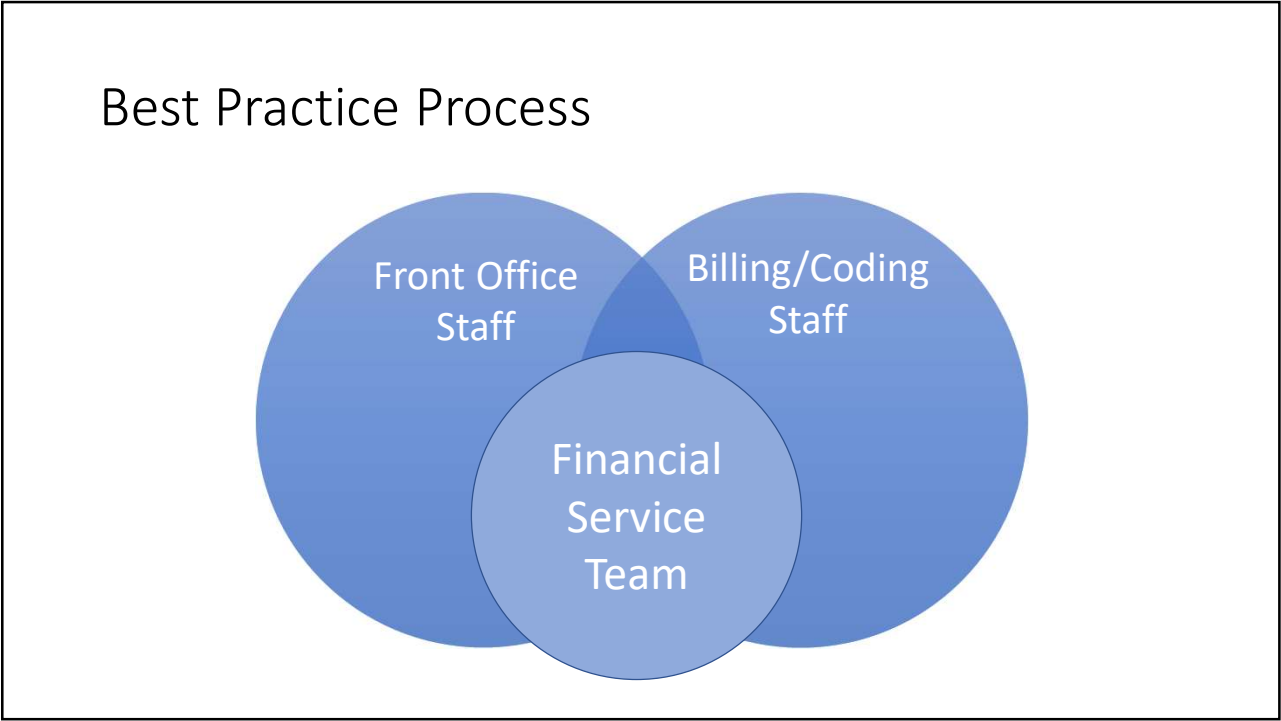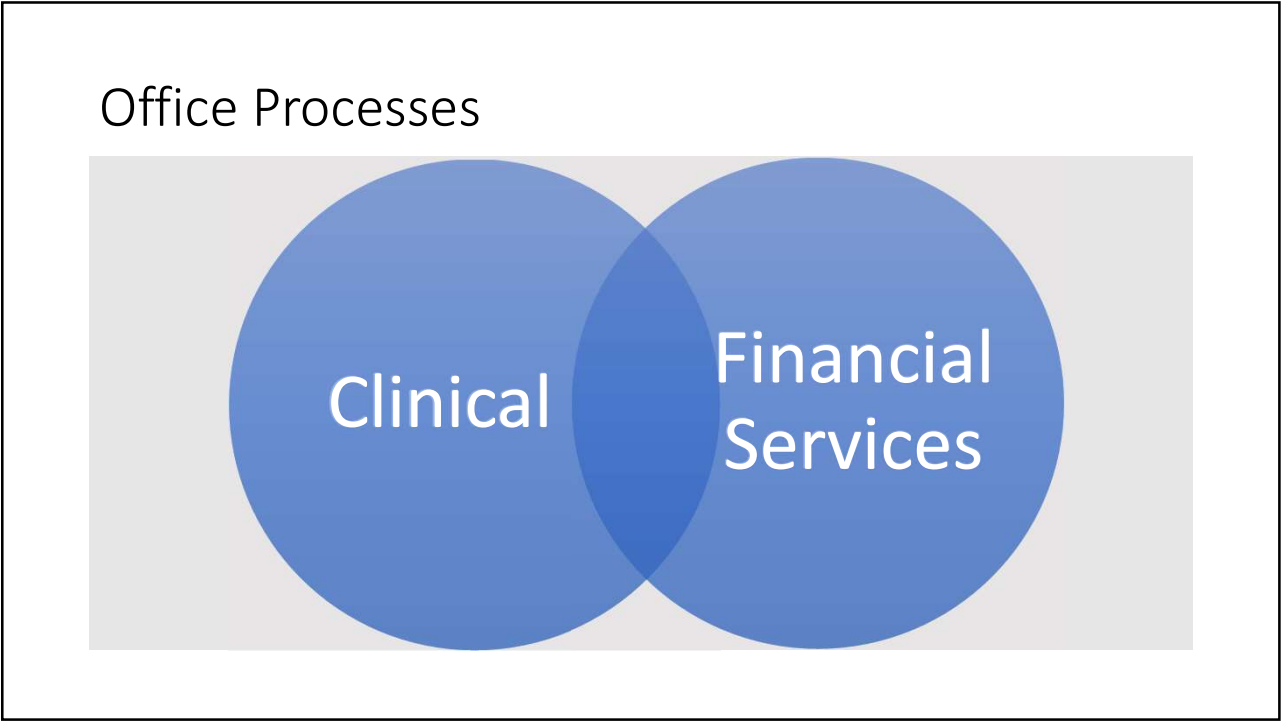|	
"Just bill me after my insurance pays."	We now have the technology to verify your benefits and closely determine the amount you are responsible for.
"I've never been asked to pay before."	I understand, but our policy has changed and paying at the time of service helps control our costs.
"My doctor told me not to worry about my bill."	He/she may have but I'm sure that's because he/she is focused on your health. It is our responsibility is to work with you to resolve your account balance.

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Processes For Success

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Internal Policy of Financial Processes

Patient financial clearance functions	Pre-visit registration and insurance verification of benefits	Determining credit worthiness
Setting patient's expectations	Asking for payment prior to the service	Patient financial policy reviewed and signed
Referrals and authorizations	Price transparency	

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Best Practice Process

Front Office Staff

Billing/Coding Staff

Financial Service Team

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Office Processes

Clinical

Financial Services

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Eligibility and Verification of Benefits

Verify	Verify all patient demographic information
Gather	Gather all information needed to process eligibility and verification
Scan	Scan the cards when patients present for care
Batch	Batch check eligibility and benefit information
Inform	Inform patients of their financial responsibility

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Credit Card on File

- Must be payment card industry –data security standard compliant (PCI-DSS)
- Reduces patients' statements
- Minimizes collection activity
- Patient must sign an authorization to allow credit card payments

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Understand Insurance Requirements

Prepare a matrix for front office staff for specific requirements of each insurance company for items such as

- Services requiring pre-certification
- Services requiring pre-authorization
- Services exempt form co-pay
- Non-covered services
- Services requiring an ABN (Advanced Beneficiary Notice)
- Designated laboratory services by payer

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Estimating Tools

A McKinsey Quarterly survey of retail healthcare consumers showed that 52% of consumers would pay from $200 to $500 more by credit or debit card when they visit a physician, if an estimate was provided at the point of care.

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Prepare a Sample Payer Matrix

CPT Code/Description	MCO 1	MCO 2	MCO 3	Medicare
99212 – Established Patient Level II	$ 47.84	$ 38.37	$ 42.48	$ 35.84
99213 – Established Patient Level III	59.28	52.62	59.41	49.17
99214 – Established Patient Level IV	92.02	82.73	93.05	77.33

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Price Transparency

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Price Transparency

- Patients are looking for price and quality
- Provide estimates of care
- Consider posting your fee schedule on your website

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Manual Estimation of Fees

- What services does the patient need? Do you have enough information to generate an accurate estimate?
- What can insurance be billed for? Are they self-pay/ uninsured?
- Do they have a deductible, co-pay, or co-insurance?
- What is the estimated payment amount due from the patient after referencing your internal matrix for their insurer?

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Electronic Estimating Tools

Create estimates based on practice historical data

Allows you to collect full or partial payments from patients

The tools allow you to set up payment plans for services with high balances

These electronic tools can be used for insured as well as uninsured patients

Designed to access real time benefit information from hundreds of payers

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Health Cost Institute (Cost Transparency by State)

http://www.guroo.com/#1

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Payment Plans

37% of patients with outstanding balances say they did not pay their bill because of a lack of financing options

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Payment Plan Parameters

- Establish:

    - Minimum payment due
    - Maximum timeframe

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Offering Discounts

- There may be circumstances where the practice or facility would offer a patient a discount:

  - Uninsured patients

  - Patients insured with a payer with which the practice or facility does not participate

  - Patients who meet financial hardship criteria may receive a discount based on hardship
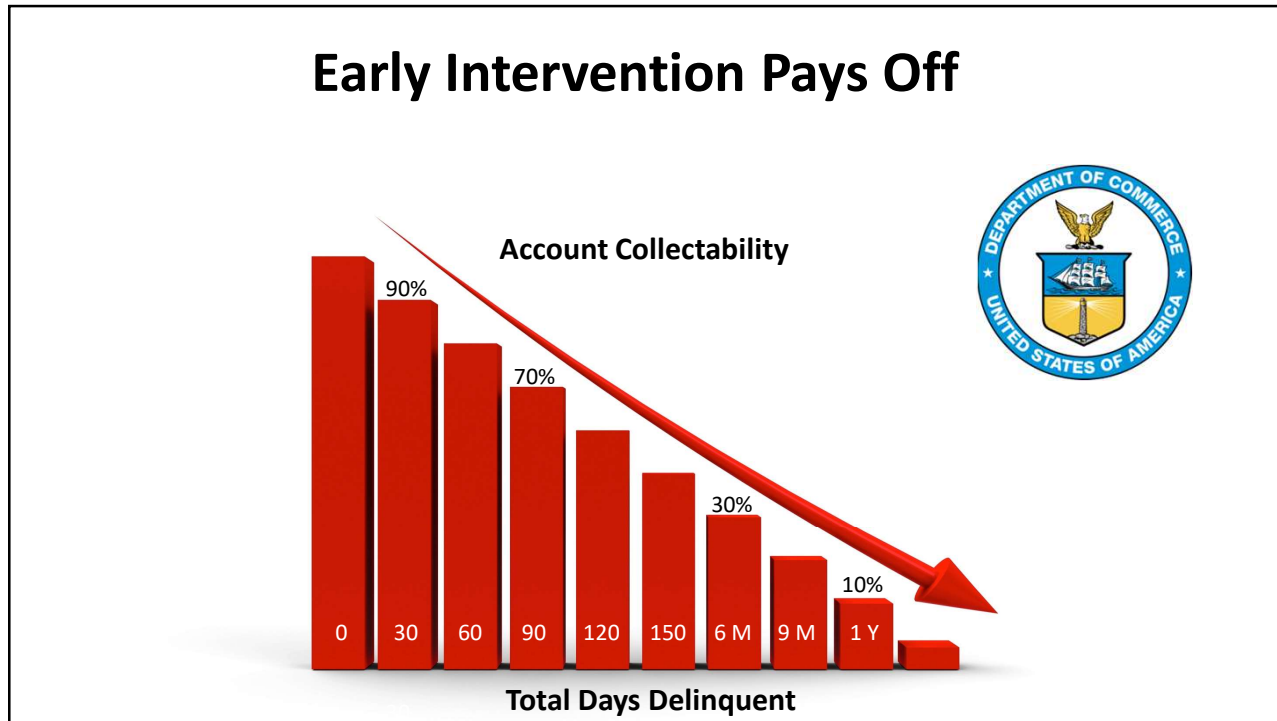
  (Payment should be required at the time of service to honor the discount)
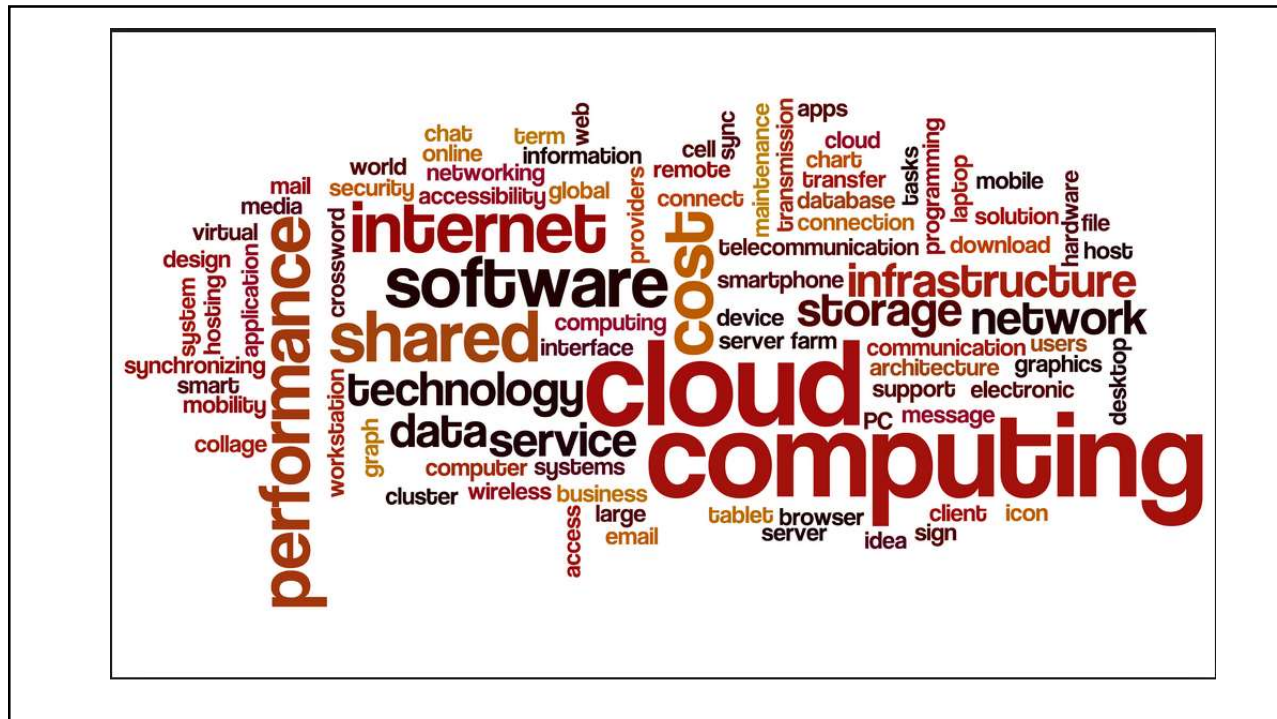
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Offering Discounts

- Have a written policy about hardships and have that in your corporate compliance plan
- Ask the patient to provide proof of hardship document
- Give the patient the contact information for Medicaid in case they qualify for state assistance
- Consider using Medicare allowable for the discount threshold for uninsured patients

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Early Intervention Pays Off

Account Collectability

90%

70%

30%

10%

| 0 | 30 | 60 | 90 | 120 | 150 | 6 M | 9 M | 1 Y |

Total Days Delinquent

39

40

Pre-Visit Technology

- Patient registration
- Patient portal
- Reminder calls
- Eligibility & benefit verification

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Check-In/Check-Out Technology

- Insurance card scanning
- Process payments by credit card, HSA/FSA cards and checks
- Secure storage of credit card info
- Automatic credit card payment schedules
- Kiosk check-in

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Follow-Up Technology

- Patient portal to accept payment
- Deliver statement electronically via text message reminders
- On line bill pay using a phone app
- Collection efforts

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Did you know.....?

- Patients who receive e-Statements will also pay online

- 87% of all electronic payments were made before the due date

- 13% of all electronic payments were received within five days of issuance

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In Summary…

Today's front office employee is not the same as yesterdays

Patients need to be educated about your financial policies and expectations

Implement new policies and procedures

Use technology as often as possible to streamline processes

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Questions
&
Answers

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